

INSTRUCTIONS

For Obtaining a State ABC Temporary License

- STEP 1.** Complete this application form. Be sure to list a daytime phone number and fax number in case we need to contact you.
- STEP 2.** All applicants who do not own the property to be licensed must attach a lease or letter of permission to use the property from the owner of the real estate where your special event is being held.
- STEP 3.** If the applicant is "for profit", attach a letter from the non-profit, charitable, civic or political organization receiving the proceeds or benefiting from this event.
- STEP 4.** Attach your license fee by certified check, cashier check or money order made payable to: Kentucky State Treasurer.
- STEP 5.** Take your application to the Local ABC Administrator in the area your event site is located. Obtain the signature of your local administrator on the bottom of page 3 or make arrangements for this administrator to mail your approval to the State ABC Office in Frankfort. You may need to pay a local fee and / or fill out a local application for a local license as well as this state application.

STEP 6. Submit your application to the State ABC Department well in advance of your special event date to insure ample time for processing. Completed and approved forms not received at least 7 to 10 days in advance cannot be guarantee issuance.

Commonwealth of Kentucky
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
Fax (502) 564-1442

<http://abc.ppr.ky.gov>

Temporary Licenses are available in the following areas:

Temporary Beer Licenses – All wet areas

Temporary Liquor Drink – Temporary Wine Drink – Temporary Liquor and Wine Auction Licenses qualify for the following areas:

In the **Cities** of Ashland, Augusta, Bardstown, Bowling Green, Carlisle, Carrollton, Central City, Cynthiana, Fulton, Madisonville, Maysville, Morehead, Mt. Sterling, Nicholasville, Owensboro, Pikeville, Prestonsburg, Richmond, Salyersville, Shelbyville, and Shepherdsville.)

In the **Counties and their Cities** of Boone, Bourbon, Campbell, Carroll, Christian, Clark, Daviess, Fayette, Franklin, Henderson, Jefferson, Kenton, McCracken, Mason, Marion, Nelson, Perry and Union Counties.)

Remember:

KRS 244.060 requires you to purchase your alcoholic beverages only from a Kentucky Liquor Wholesaler or a Kentucky Beer Distributor. You may find the wholesalers or distributors for your area in your local telephone yellow pages.

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
(502) 564-4850 phone
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Site I.D. #

"APPLICATION FOR ALCOHOLIC BEVERAGE TEMPORARY LICENSES"
Applications may be returned if all questions are not answered completely.

LEAVE BLANK – FOR ABC USE ONLY

License # _____ \$ _____ Val. _____ License # _____ \$ _____ Val. _____

License # _____ \$ _____ Val. _____ License# _____ \$ _____ Val. _____

Malt Beverage Administrator's Approval _____ Date _____

Distilled Spirits Administrator's Approval _____ Date _____

Name of person(s) or company to be licensed _____

Name of this special event _____

Address of premises to be licensed _____

(Where the alcoholic beverages will be sold)

City _____ County _____ State _____ 9 digit zip code _____

Mailing address if different from above _____

Contact person 8:00 am – 4:30 pm _____ e-mail address _____

Contact phone _____ Fax _____

List the type(s) of temporary license(s) you are applying for _____

1. Amount of fee enclosed...(Make certified check, cashier check or money order payable to **Kentucky State Treasurer**)..... \$ _____

(See fee chart on the back page of this application)

2. Period to be covered by license from (month) _____ (day) _____ (year) _____. Through

(Month) _____ (day) _____ (year) _____.
(Each event requires a separate application, fee and license.)

3. **WHAT IS THE DATE (S) AND TIME (S) OF YOUR SPECIAL EVENT?**

4. Kentucky law limits temporary licenses to public events.

Therefore, do you agree not to exclude the public from this special event?

☐ Yes ☐ No

5. Are you the owner of the real estate where the premises are to be licensed?

☐ Yes ☐ No

If no, attach a copy of your lease or letter of permission to use this property, signed by you and the owner of the real estate. List the real estate owner's name. _____.

(6)

Complete the following for the business proprietor, partner(s) and all persons interested in the business to be licensed. List all owners, officers, directors, partners, managing members, members, and shareholders (unless publicly held). Show 100% of the ownership.

If additional space is needed, please make an attachment.

NAME AND ADDRESS	ALL PHONE NUMBERS H = HOME W = WORK F = FAX O = OTHER	SOCIAL SECURITY NUMBER	TITLE	USA CITIZEN	DATE OF BIRTH	LIST DATE & STATE WHERE YOU RESIDED IN PAST 5 YRS.	% OF OWNERSHIP
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%
	H W F O			<input type="checkbox"/> Yes <input type="checkbox"/> No			%

7. Are the premises to be licensed located within an incorporated city or town? ☐ Yes ☐ No
If yes, list the name of the city or town. _____.
8. Is the entire license fee paid by the applicant and by no other person? ☐ Yes ☐ No
9. Is the applicant a corporation, limited partnership, or limited liability company, in good standings with the Kentucky Secretary of State? ☐ Yes ☐ No
10. Has the applicant(s) been licensed to sell alcoholic beverages? ☐ Yes ☐ No
If yes, list your state ABC license number(s)._____.
11. Has the applicant or any person named in statement 6 been convicted of any felony? ☐ Yes ☐ No
Has the applicant or any person named in statement 6 been convicted of a misdemeanor directly or indirectly related to alcohol or a controlled substance? ☐ Yes ☐ No
If yes, attach a statement giving a full explanation, including dates of convictions.
12. Has the premises to be licensed or any person listed in this application had a ABC license suspended or revoked, or an ABC application denied? ☐ Yes ☐ No
If yes, attach a statement giving a full explanation, including dates of suspension, revocation or denial.
13. Give a brief description of the purpose for this special temporary license.
14. List the persons or non-profit, charitable, civic or political organization that will receive the proceeds from the sales of alcoholic beverages under this Special Temporary License.

AFFIDAVIT OF PERSON APPLYING FOR THE KENTUCKY ABC LICENSE(S)

I do hereby solemnly swear or affirm that all statements contained in this application and all attachments are true and correct to the best of my knowledge, information and belief. I incorporate this schedule into my basic application for a Kentucky alcoholic beverage license. I understand I may not begin to operate with alcohol activity until the Kentucky ABC Department has issued my license(s). I further swear or affirm I shall abide by all state and local statutes, regulations, and ordinances relating to the manufacture, sale, use of and trafficking in alcoholic beverages.

Signature of Applicant _____ Title _____ Date _____

Sworn or affirmed before me on this _____ day of _____, year of _____. My commission expires _____

Notary Public _____ County of _____, Commonwealth of Kentucky

OBTAIN SIGNATURE OF YOUR LOCAL ABC ADMINISTRATOR

Your Local ABC Administrator must approve this application before it is forwarded to the State ABC. Take or mail this application and all attachments to your Local ABC Administrator. Obtain their signature of approval below or make arrangements for this approval to be sent to the State ABC Department in Frankfort, Kentucky

This certifies that the application(s) herein above named have been approved for the type(s) of licenses applied for and for the premises above specified.

SIGNATURE OF APPROVAL OF LOCAL ABC ADMINISTRATOR _____ DATE _____

☐ City of _____ Administrator or the ☐ County of _____ Administrator

You may now forward this application, all attachments, and your state license fee to:

Commonwealth of Kentucky
Department of Alcoholic Beverage Control
1003 Twilight Trail
Frankfort, Kentucky 40601-8400

Telephone (502) 564-4850
Fax (502) 564-1442

TYPES OF LICENSES & FEES

Check ☒ the boxes for the type(s) of license(s) you are applying for.
To determine the ABC license fee(s), find the license type(s) in the left column, then move right across the table to the \$ amount column.

Attach a certified check, cashier check, or a money order.
Make check payable to: KENTUCKY STATE TREASURER

LICENSE TYPE	PREFIX	<input checked="" type="checkbox"/>	PER EVENT FEE
TEMPORARY BEER BY THE DRINK <i>Under Ky. Revised Statute KRS 243.290 & 804 KAR 4:250</i>	TB	<input type="checkbox"/>	50.00
TEMPORARY WINE BY THE DRINK <i>Under Ky. Revised Statute & Adm. Reg. KRS 243.260 & 804 KAR 4:250</i>	TW	<input type="checkbox"/>	50.00
TEMPORARY LIQUOR AND WINE BY THE DRINK <i>Under Ky. Revised Statute & Adm. Reg. KRS 243.260 & 804 KAR 4:250</i>	TD	<input type="checkbox"/>	100.00
TEMPORARY LIQUOR AND WINE AUCTION BY THE PACKAGE <i>Under Ky. Revised Statute KRS 243.036</i>	TA	<input type="checkbox"/>	100.00
TOTALS			

CHECK LIST

1. Have you attached a certified check, cashier check, or a money order, payable to: Kentucky State Treasurer? ☐ Yes ☐ No
2. Have you answered each question fully and checked the type(s) of license(s) you are applying for? ☐ Yes ☐ No
3. Have you signed and had your application(s) notarized? ☐ Yes ☐ No
4. If the applicant is "For Profit", have you attached a letter from the non-profit, charitable, civic or political organization receiving the proceeds or benefiting from this event? ☐ Yes ☐ No
5. Have you attached a lease or letter of permission from the owner of the real estate? ☐ Yes ☐ No ☐ N/A
6. Have you had this application signed and approved by your local ABC Administrator? ☐ Yes ☐ No ☐ None

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